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2001

STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2001)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Number: 00	45443		II. CERTI	FICATION BY	AUTHORIZED FACILITY OFFICER
	Facility Name: Addolorata Villa Address: 555 McHenry Road Number County: Cook	Wheeling City	60090 Zip Code	State of and cer are true	f Illinois, for the partify to the best o e, accurate and c	contents of the accompanying report to the period from 07/01/2000 to 06/30/2001 fmy knowledge and belief that the said contents omplete statements in accordance with Declaration of preparer (other than provider)
	Telephone Number: (847)215-5801 IDPA ID Number: 364107655-001	Fax # (847)215-5805		Inter	ntional misrepres	ion of which preparer has any knowledge. sentation or falsification of any information be punishable by fine and/or imprisonment.
	Date of Initial License for Current Owners: Type of Ownership:	11/27/96		Officer or Administrator of Provider	(Type or Print N	(Date)
	X VOLUNTARY,NON-PROFIT X Charitable Corp. Trust	PROPRIETARY Individual Partnership	GOVERNMENTAL State County		(Title)(Signed)	See Accountants' Compilation Report Attached
	IRS Exemption Code 501(c)(3)	Corporation "Sub-S" Corp. Limited Liability Co. Trust Other	Other	Preparer	(Print Name and Title) (Firm Name	Steven N. Lavenda, C.P.A. Frost, Ruttenberg & Rothblatt, P.C.
	In the event there are further questions about Name: Steve Lavenda	t this report, please contact: Telephone Number: (847) 236 -	- 1111		ILLIN 201 S.	111 Pfingsten Road, Suite 300 Deerfield, IL 60015 (847) 236-1111 Fax# (847) 236-1155 TO: OFFICE OF HEALTH FINANCE ROIS DEPARTMENT OF PUBLIC AID Grand Avenue East gfield, IL 62763-0001 Phone # (217) 782-1630

STATE OF ILLINOIS Page 2

Facil	lity Name & ID Numb	oer <u>Addolorata V</u>	⁷ illa				# 0045443 Report Period Beginning: 07/01/2000 Ending: 06/30/2001
	III. STATISTICA	L DATA					D. How many bed-hold days during this year were paid by Public Aid?
	A. Licensure/o	certification level(s) of	f care: enter number	r of beds/bed days.			(Do not include bed-hold days in Section B.)
		with license). Date of	*	• /	5/1/01		(2 0 200 200 200 200 200 200 200 200 200
	(must ugi ee	with heensej. Date of	change in nechsea k		5/1/01	_	E. List all services provided by your facility for non-patients.
	1	2		3	4		
	<u> </u>			<u> </u>		$\overline{}$	(E.g., day care, "meals on wheels", outpatient therapy)
							Outpatient Therapy
	Beds at				Licensed		
	Beginning of	Licensu	re	Beds at End of	Bed Days During		F. Does the facility maintain a daily midnight census? Yes
	Report Period	Level of C	Care	Report Period	Report Period		
							G. Do pages 3 & 4 include expenses for services or
1	88	Skilled (SNI	F)	88	32,120	1	investments not directly related to patient care?
2		Skilled Pedi	atric (SNF/PED)			2	YES NO X
3	10	Intermediat	e (ICF)	10	3,650	3	
4		Intermediat				4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
5	45	Sheltered Ca		43	16,303	5	YES X NO
6		ICF/DD 16 o			,	6	
		101/22 10	2 2000			† †	I. On what date did you start providing long term care at this location?
7	143	TOTALS		141	52,073	7	Date started 11/27/96
				•	,		
							J. Was the facility purchased or leased after January 1, 1978?
	B. Census-For	r the entire report per	iod.				YES X Date 11/27/96 NO
	1	2	3	4	5	T	
	Level of Care		•	d Primary Source of			K. Was the facility certified for Medicare during the reporting year?
	Level of Care	Public Aid	by Level of Care an			1	YES X NO If YES, enter number
		Recipient	Private Pay	Other	Total		of beds certified 7 and days of care provided 1175
	CNIE	•	·				of beus certified / and days of care provided 1175
_	SNF	6,706	22,884	1,270	30,860	8	
	SNF/PED					9	Medicare Intermediary AdminaStar Federal, Inc.
	ICF	595	2,744		3,339	10	
_	ICF/DD					11	IV. ACCOUNTING BASIS
12			9,440	925	10,365	12	MODIFIED
13	DD 16 OR LESS					13	ACCRUAL X CASH* CASH*
۱.,	mom + r c	= 201	25.000	2.105	11 = 11		7
14	TOTALS	7,301	35,068	2,195	44,564	14	Is your fiscal year identical to your tax year? YES x NO NO
	C Percent Oc	ccupancy. (Column 5, 1	line 14 divided by to	atal licensed			Tax Year: 6/30/01 Fiscal Year: 6/30/01
		n line 7, column 4.)	85.58%	vai neenseu			* All facilities other than governmental must report on the accrual basis.
	~ ca anjo o	· , ··)	00,00,0	=			

	Facility Name & ID Number	Addolorata Vill	ล		STATE OF ILI	LINOIS 0045443	Report Period	Reginning:	07/01/2000	Ending:	Page 3 06/30/2001	
	V. COST CENTER EXPENSES (through			the nearest do		0018116	терогет стои	Deginning.	07/01/2000	Enums.	00/20/2001	-
	,, , , , , , , , , , , , , , , , , , ,	C	osts Per Genera	l Ledger	,	Reclass-	Reclassified	Adjust-	Adjusted	FOR OHI	F USE ONLY	T
	Operating Expenses	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	426,095	84,074	6,076	516,245		516,245	(87,704)	428,541			1
2	Food Purchase		265,137		265,137		265,137	(43,448)	221,689			2
3	Housekeeping	241,133	52,586	917	294,636		294,636	(23,042)	271,594			3
4	Laundry	40,367	22,277		62,644		62,644	(4,128)	58,516			4
5	Heat and Other Utilities			86,426	86,426		86,426	(19,074)	67,352			5
6	Maintenance	258,834	61,864	180,535	501,233		501,233	(49,816)	451,417			6
7	Other (specify):*											7
8	TOTAL General Services	966,429	485,938	273,954	1,726,321		1,726,321	(227,212)	1,499,109			8
	B. Health Care and Programs											
9	Medical Director			9,313	9,313		9,313		9,313			9
10	Nursing and Medical Records	2,265,689	98,648	291,044	2,655,381		2,655,381		2,655,381			10
10a	Therapy	99,249			99,249		99,249		99,249			10a
11	Activities	151,121	16,510	10,908	178,539		178,539		178,539			11
12	Social Services	138,476	1,387	21,540	161,403		161,403	(141)	161,262			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,654,535	116,545	332,805	3,103,885		3,103,885	(141)	3,103,744			16
	C. General Administration											
17	Administrative	35,608			35,608		35,608	(275)	35,333			17
18	Directors Fees											18
19	Professional Services			285,408	285,408		285,408	(37,760)	247,648			19
20	Dues, Fees, Subscriptions & Promotions			78,531	78,531		78,531	(14,433)	64,098			20
21	Clerical & General Office Expenses	351,333	25,454	502,130	878,917		878,917	(445,219)	433,698			21
22	Employee Benefits & Payroll Taxes			746,767	746,767		746,767	(22,785)	723,982			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,011	8,011		8,011	(6,691)	1,320			24
25	Other Admin. Staff Transportation			11,475	11,475		11,475	(9,476)	1,999			25
26	Insurance-Prop.Liab.Malpractice			34,424	34,424		34,424	(7,242)	27,182			26
							+					

2,079,141

6,909,347

2,079,141

6,909,347

(543,881)

(771,234)

1,535,260

6,138,113

28

29

4,007,905 29 (sum of lines 8, 16 & 28)

386,941

27 Other (specify):*

28 TOTAL General Administration

TOTAL Operating Expense

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

1,666,746

2,273,505

25,454

627,937

V. COST CENTER EXPENSES (continued)

		(Cost Per Gener	al Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			485,475	485,475		485,475		485,475			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			545,729	545,729		545,729	(406,362)	139,367			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*			194,297	194,297		194,297		194,297			36
37	TOTAL Ownership			1,225,501	1,225,501		1,225,501	(406,362)	819,139			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
	Ancillary Service Centers	100,720	512,411	39,262	652,393		652,393		652,393			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			5,677	5,677		5,677	(5,677)	0			41
42	Provider Participation Fee			58,800	58,800		58,800		58,800			42
43	Other (specify):*	775,439	284,121	2,095,365	3,154,925		3,154,925	(3,154,925)	0			43
44	TOTAL Special Cost Centers	876,159	796,532	2,199,104	3,871,795		3,871,795	(3,160,601)	711,194			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,884,064	1,424,469	5,698,110	12,006,643		12,006,643	(4,338,198)	7,668,445			45

^{*}Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

0045443

Report Period Beginning:

07/01/2000

Ending:

06/30/2001

Page 5

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	In columi	n 2 below, reference the	line on w	hich the particul	ar cost
	NON-ALLOWABLE EXPENSES	1 Amount	Reference	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,018)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(5,888)	6		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income	(343,738)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(4,256)	20		20
21	Owner or Key-Man Insurance	(7,242)	26		21
22	Special Legal Fees & Legal Retainers	())			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,936,241)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,302,383)		\$	30

	OHF USE ONL	Y				
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	(35,815)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (35,815)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (4,338,198)		37

^{*}These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

1 2 3

		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
	Laboratory and Radiology					42
	Prescription Drugs					43
	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Addolorata Villa

Report Period Beginning: 07/01/2000
Ending: 06/30/2001

Sch. V Line

			Sch. V Lin	e
_	NON-ALLOWABLE EXPENSES	Amount	Reference	
2	PR-printing and copy	\$ (488) (12,792)	20	+
	Gain/Loss sale of security		21	
3	Unrealized gain(loss) inc	(260,554)	21	+
	Admn-bank/service charges	(7,853)	21	
5	DVLP-annuity interest	(7,095)	32	
6	Interest expense-ILU	(37,885)	32	
7	MKT-director:prod	(73,778)	43	
8	MKT-assistant:prod	(48,310)	43	Т
9	MKT-secretary:prod	(14,130)	43	Т
10	DVLP-asst dir	(79,873)	43	
11	DVI.P-admin asstnt-productive	(15,629)	43	+
12	SSTR-manager wages	(22,548)	-42	+
13	ILU-dir of acty prod	(29,986)	43	4
14	ILU-clinical nurse	(18,200)	43	_
15	ILU-manager	(24,957)	43	
16	ILU-driver	(13,030)	43	
17	MKT-postage/freight	(161)	43	
18	MKT-general office exp	(3,453)	43	
19		39	_	+
	DVLP-general supplies		43	+
20	DVLP-FOV gen supplies	(25,536)	43	
21	SSTR-fuel & gas	(2,497)	43	_
22	SSTR-light & power	(2,102)	43	
23	SSTR-rent	(23,400)	43	Т
24	SSTR-disposal service	(2,520)	43	т
25	SSTR-Supplies Exp	(492)	43	+
26	SSTR-telephone expense	(701)	43	t
27	SSTR-uelepnone expense SSTR-water & sewer	(697)	43	+
	ILU-subscriptions/dues	(191)	43	4
29	ILU-ARA function	(4,203)	43	_
30	ILU-misc expense	(802)	43	
31	MKT-general supplies	(20,031)	43	т
32	ILU-special serv exps	(2,892)	43	+
	MVT subscriptions/dus-	(4,920)	43	+
	MKT-subscriptions/dues			
34	MKT-employee travel	(1,124)	43	_
35	MKT-miscellaneous exp	(1,190)	43	_
36	MKT-printing/copying	(19,467)	43	
37	MKT-promo/advertise	(38,482)	43	
38	DVLP-consultant fees	(96,000)	43	
39	DVI.P-golf outing	(35,282)	43	+
	DVLF-gott outling	(29,820)	43	+
40	DVLP-misc. expenses			
41	DVI.P-printing & copying	(5,246)	43	
42	DVLP-promo/adv.	(28,558)	43	
43	DVLP-seminar/conference	(495)	43	Т
44	Other-gift shop revenue	(5,659)	41	
45	Other-misc revenue	(9,951)	21	Ť
46	Employee health ins	(6,969)	22	1
47		(192)	22	+
	HR-physicals			
48	MSSN-day of reflection	(141)	12	
49	Din service-function	(21,015)	01	
50	KTCH-vending revenue	(18)	41	Т
51	Capitalized Interest Expensed	(17,133)	32	
52	ILU-Supplies Reclassified	(255,010)	43	
53	ILU-Other Reclassified	(1,774,252)	43	+
54	ILU-Salary Reclassified	(421,679)	43	t
	ILO-Salaty Reclassified			+
55	Garden Café	(13,319)	43	I
56	Convent Dietary	(66,689)	1	
57	Convent Food	(38,430)	2	
58	Convent Housekeeping	(23,042)	3	Т
59	Convent Laundry	(4,128)	4	+
60	Convent Utilities	(19,074)	5	+
61	Convent R&M	(43,928)	6	+
62	Convent R&M Convent Clerical & Office	(65,368)	21	+
63	Seminar Expense	(6,691)	24	+
64	Legal Accruals/Expense	(33,158)	19	4
65	Admin Consulting	(4,602)	19	
66	Other Admin. Staff Travel	(9,166)	25	
67	Late Fees	(511)	32	Т
68	Misc Pri Pay	(11,869)	21	Ť
69	Misc Medicaid	(15,453)	21	+
70	Misc Medicare	(7,765)	21	+
71		(43,697)	21	+
	Admin Misc Expense	(43,697)		
72				1
73				4
74				1
75	<u> </u>			Ш
76				Т
77				1
78				+
79				+
80		_		$^{+}$
81				4
82				Т
82 83				†
82				+
82 83 84				
82 83 84 85				
82 83 84 85 86				1
82 83 84 85 86 87				1
82 83 84 85 86 87 88				
82 83 84 85 86 87 88 89				
82 83 84 85 86 87 88				

STATE OF ILLINOIS

Summary A Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/2000 **Ending:** 06/30/2001 **SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 61**

	SUMMARY OF PAGES 5, 5A, 0, 0F	1, ob, oc, ob,	5E, 01', 0G, 01	I AND UI									SUMMARY	
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	i
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6Н	6I	(to Sch V, col.	.7)
1	Dietary	(87,704)		V12	<u> </u>	00	V2	02	01	0.0	V11	0.2	(87,704)	
2	Food Purchase	(43,448)											(43,448)	
3	Housekeeping	(23,042)											(23,042)	3
4	Laundry	(4,128)											(4,128)	4
5	Heat and Other Utilities	(19,074)											(19,074)	5
6	Maintenance	(49,816)											(49,816)	6
7	Other (specify):*													7
8	TOTAL General Services	(227,212)											(227,212)	8
	B. Health Care and Programs	· · · · ·												
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities													11
12	Social Services	(141)											(141)	12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(141)											(141)	16
	C. General Administration													
17	Administrative			(275)									(275)	
18	Directors Fees													18
19	Professional Services	(37,760)											(37,760)	19
20	Fees, Subscriptions & Promotions	(4,744)		(9,689)									(14,433)	20
21	Clerical & General Office Expenses	(435,302)		(9,917)									(/ /	
22	Employee Benefits & Payroll Taxes	(7,161)		(15,624)									(22,785)	
23	Inservice Training & Education													23
24	Travel and Seminar	(6,691)											(/ /	
25	Other Admin. Staff Transportation	(9,166)		(310)										
26	Insurance-Prop.Liab.Malpractice	(7,242)											(7,242)	
27	Other (specify):*													27
28	TOTAL General Administration	(508,066)		(35,815)									(543,881)	28
	TOTAL Operating Expense													 i
29	(sum of lines 8,16 & 28)	(735,419)		(35,815)									(771,234)	29

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.	.7)
30	Depreciation													30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(406,362)											(406,362)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	TOTAL Ownership	(406,362)											(406,362)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops	(5,677)											(5,677)	41
42	Provider Participation Fee													42
43	Other (specify):*	(3,154,925)											(3,154,925)	43
44	TOTAL Special Cost Centers	(3,160,601)											(3,160,601)	44
	GRAND TOTAL COST		_											
45	(sum of lines 29, 37 & 44)	(4,302,383)		(35,815)									(4,338,198)	45

0045443

Report Period Beginning:

07/01/2000 Ending:

06/30/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

Enter boton the names of ALL office and related organizations (parties) as defined in the method of ALL office and related organizations (parties).								
1		2			3			
OWNERS		RELATED NURS	OTHER RE	OTHER RELATED BUSINESS ENTITIES				
Name	Ownership %	Name	City	Name	City	Type of Business		
Franciscan Sisters of Chicago	100%	See Attached Schedule		See Attached				
Service Corporation				Schedule				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, YES X NO management fees, purchase of supplies, and so forth.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
					-	Percent	Operating Cost	Adjustments for	
Sc	nedule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership	Organization	Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V	V							2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	3				Page 6A
#	0045443	Report Period Reginning	07/01/2000	Fnding.	06/30/2001

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
						Ownership	Organization	Costs (7 minus 4)	
15	V	10	Nursing and Medical Records	\$ 15,600	Franciscan Sisters Service Corporation	100.00%	\$ 15,600	\$	15
16	V	17	Administrative	18,969	Franciscan Sisters Service Corporation 1		18,694	(275)	16
17	V		Management Fees	195,584	Franciscan Sisters Service Corporation	100.00%	195,584		17
18	V	19	Professional Fees	17,798	Franciscan Sisters Service Corporation	100.00%	17,798		18
19	V	20	Dues, Fees, Subscriptions & Promotions	9,689	Franciscan Sisters Service Corporation	100.00%		(9,689)	
20	V		Clerical and General Office Expenses	22,068	Franciscan Sisters Service Corporation	100.00%	12,151	(9,917)	
21	V		Employee Benefits	15,624	Franciscan Sisters Service Corporation	100.00%		(15,624)	
22	V		Other Admin. Staff Transportation	310	Franciscan Sisters Service Corporation	100.00%		(310)	22
23	V	36	Bond Fees	81,334	Franciscan Sisters Service Corporation	100.00%	81,334		23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 376,976			\$ 341,161	\$ * (35,815)	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	}				Page 6B
#	00/5//3	Report Pariod Reginning	07/01/2000	Ending:	06/30/2001

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001	
VII. RELATED PARTIES (contin B. Are any costs included in this management fees, purchase o	report which are a result of transactions with related organizations? This include	es ren	ıt,					
If yes, costs incurred as a resu	ult of transactions with related organizations must be fully itemized in accordance	e with	Ĺ					

Name of Related Organization Schedule V Line Line	the in	structions f	or determining costs as specified for		,				
Schedule V Line Item	1				5 Cost to Related Organization	6	7	8 Difference:	
Schedule V			-			Percent	Operating Cost	Adjustments for	
Costs (7 minus 4) Costs (7 minus 4)	Schedule V	V Line	Item	Amount	Name of Related Organization				
15									
16	15 V	7		S					15
17							-		
10		7							
20	18 V	7							18
21 V 21 22 V 22 23 V 23 24 V 24 25 V 25 26 V 27 27 V 28 29 V 29 30 V 30 31 V 30 31 V 30 33 V 31 33 V 32 33 V 33 34 V 34 35 V 35 37 V 37 38 V 38	17								
22									
23 V 23 24 V 24 25 V 25 26 V 26 27 V 27 28 V 29 30 V 30 31 V 30 31 V 31 33 V 33 34 V 34 35 V 35 36 V 36 37 V 37 38 V 38	'								
24 V 24 25 V 25 26 V 26 27 V 27 28 V 28 29 V 29 30 V 30 31 V 30 32 V 32 33 V 33 34 V 34 35 V 35 36 V 36 37 V 37 38 V 38	'								
25 V									
26 V 26 27 V 27 28 V 28 29 V 29 30 V 30 31 V 31 32 V 32 33 V 33 34 V 34 35 V 35 36 V 36 37 V 37 38 V 38	2.								
27 V 28 V 29 V 30 V 31 V 32 V 33 V 33 V 34 V 35 V 36 V 37 V 38 V 38 V	23								
28 V 29 V 30 V 31 V 32 V 33 V 34 V 35 V 36 V 37 V 38 V 38 V					<u> </u>				
29 V 29 30 V 30 31 V 31 32 V 32 33 V 33 34 V 34 35 V 35 36 V 36 37 V 37 38 V 38	'								
30 V 31 V 32 V 33 V 34 V 35 V 36 V 37 V 38 V 38 V	20 1								
31 V 32 V 33 V 34 V 35 V 36 V 37 V 38 V 38 V									
32 V 33 V 34 V 35 V 36 V 37 V 38 V 38 V 39 38	50 1								
33 V 34 V 35 V 36 V 37 V 38 V 38 V	31 ,								
34 V 35 V 36 V 37 V 38 V 38 V									
35 V 36 V 37 V 38 V 38 V	,					-			
36 V 37 V 38 V 38 V	· · ·					+			
37 V 38 V									
38 V 38									
				s			<u> </u>		39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	5				Page 6C
#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001
VII. RELATED PARTIES (continu B. Are any costs included in this management fees, purchase of	report which are a result of transactions with related organizations? This includes	udes ren	ıt,				
• ,	alt of transactions with related organizations must be fully itemized in accordaing costs as specified for this form.	nce with					

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
			20022		- ···· ·- · · · · · · · · · · · · · ·	Ownership	Organization	Costs (7 minus 4)	
15	V			S	OWIN		S		15
16	V			Ψ					16
17	V								17
18	V								18
19	V								19
20	V								20
21	V							2	21
22	V								22
23	V								23
24	V								24
25	V							2	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V							3	32
33	V								33
34	V								34
35	V							3	35
36	V								36
37	V							3	37
38	V							3	38
39	39 Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	8				Page 6D
#	0045443	Report Period Reginning	07/01/2000	Ending	06/30/200

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001
VII. RELATED PARTIES (continu B. Are any costs included in this management fees, purchase of	report which are a result of transactions with related organizations? This include	es ren	ıt,				
If yes, costs incurred as a resu	lt of transactions with related organizations must be fully itemized in accordance	e with	l				

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
			1			Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					6	Ownership	Organization	Costs (7 minus 4)	
15	V			\$,	\$		15
16	V							1	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26									26
27	V								27
28	V								28
29	V				<u> </u>				29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V					ļ			36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	•				Page 6E
#	0045443	Donart Daried Reginning	07/01/2000	Ending	06/30/

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001	
VII. RELATED PARTIES (continue) B. Are any costs included in this management fees, purchase of	report which are a result of transactions with related organizations? This include	es ren	ıt,					
If yes, costs incurred as a resu	alt of transactions with related organizations must be fully itemized in accordance	e with	i					

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
			-			Percent	Operating Cost	Adjustments for	
Sche	dule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	n
						Ownership	Organization	Costs (7 minus 4)	
15	V			\$		Î	\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	•								34
35	V								35
36	V								36
37	V								37
38	•								38
39	Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS	3				Page 6F
#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001
VII. RELATED PARTIES (continu B. Are any costs included in this management fees, purchase of	report which are a result of transactions with related organizations? This includes	udes ren	ıt,				
• ,	alt of transactions with related organizations must be fully itemized in accordaing costs as specified for this form.	nce with					

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
			20022		- ···· ·- · · · · · · · · · · · · · ·	Ownership	Organization	Costs (7 minus 4)	
15	V			S		O WHEI SHIP	S		15
16	V			Ψ					16
17	V								17
18	V								18
19	V								19
20	V								20
21	V							2	21
22	V								22
23	V								23
24	V								24
25	V							2	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V							3	32
33	V								33
34	V								34
35	V							3	35
36	V								36
37	V							3	37
38	V							3	38
39	Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLI	NOIS	8				Page 6G
	#	0045443	Report Period Reginning	07/01/2000	Ending	06/30/200

Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001	
VII. RELATED PARTIES (continu B. Are any costs included in this management fees, purchase of	report which are a result of transactions with related organizations? This incl	udes ren	ıt,					
If yes, costs incurred as a resu	It of transactions with related organizations must be fully itemized in accorda	nce with	1					

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	ı
						Ownership	Organization	Costs (7 minus 4)	
15	V			\$		Î	\$	\$	15 16
16	V								
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V		<u></u>		<u> </u>				30
31	V		<u></u>		<u> </u>				31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLING	OIS				Page 6H
#	0045443	Report Period Reginning	07/01/2000	Ending	06/30/2001

Facility Name & 1D Number	Addolorata villa		#	0045443	Report Period Beginning:	07/01/2000	Enaing:	06/30/2001	
VII. RELATED PARTIES (continu	report which are a result of transactions with re	elated organizations? Thi		t,			. g.		

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	7 8 Difference:	
						Percent	Operating Cost Adjustments fo		
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	ı
					, and the second	Ownership	Organization	Costs (7 minus 4)	
15	V			\$		•	\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF	ILLINOIS
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		STATE OF ILLINOIS		1	Page 6I
Facility Name & ID Number	Addolorata Villa	# 0045443 Report Period Beginning:	07/01/2000	Ending:	06/30/2001

VII. RELATED PARTIES (continued)

В.	Are any costs included in this report which are a result of transactions wit	h rela	ted organizat	ions?	This includes ren
	management fees, purchase of supplies, and so forth.		YES		NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with

the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
							Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	Percent of	of Related		
							Organization	Costs (7 minus 4)	
15	V			\$		Ownership	\$	\$	15
16	V			-			-	-7	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

^{*} Total must agree with the amount recorded on line 34 of Schedule VI.

Ending:

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hour	Average Hours Per Work				
					Compensation	Week Devo	ted to this	Compensation	on Included	Schedule V.	
					Received	Facility and	% of Total	in Costs	for this	Line &	
				Ownership	From Other	Work '	Week	Reportin	g Period**	Column	
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	1
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

^{*} If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

^{**} This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,

ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

		STATE OF	ILLINOIS			1 age 0
Facility Name & ID Number	Addolorata Villa	0045443	Report Period Beginning:	07/01/2000	Ending: 6/30/200	1
VIII. ALLOCATION OF INDIR	ECT COSTS					

Name of Related Organization A. Are there any costs included in this report which were derived from allocations of central office **Street Address** or parent organization costs? (See instructions.) YES City / State / Zip Code Phone Number Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			1 1 1 1 1 1 1 1 1			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11			-							11 12
12										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					ls	\$		ls	25

Fax Number

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/2000 Ending: 6/30/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which	were derived from allocati	ions of central office
or parent organization costs? (See instructions.)	YES X	NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number

Franciscan Sisters of Chicago Service Corp
1055 West 175th Street, Suite 104
Homewood, IL 60430
(708)647-6500

(708)647-6982

	1	2	3	4	5	6	7	8	9	I
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1	10	Nursing and Medical Records	Direct Allocation		3	\$	\$		\$ 15,600	1
2			Direct Allocation						18,694	2
3	19	Management Fees	Direct Allocation						195,584	3
4	19	Professional Fees	Direct Allocation						17,798	4
5	20	Dues, Fees, Subscriptions & Prom	Direct Allocation							5
6		Clerical and General Office Expen							12,151	6
7			Direct Allocation							7
8		Other Admin. Staff Transportatio	Direct Allocation							8
9	36	Bond Fees							81,334	9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					 \$	\$		\$ 341,161	25

STATE OF ILLINOIS			ILLINUIS				rage ob	
Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	6/30/2001	
VIII. ALLOCATION OF INDIR	RECT COSTS			**				

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO	Name of Related Organization Street Address City / State / Zip Code Phone Number	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•			\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9 10
10 11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

	Name of Related Organization
A. Are there any costs included in this report which were derived from allocations of central office	Street Address
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code
	Phone Number ()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation	•	Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
		T.		TD 4 1 TT *4						
1	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	1
1						3	\$		3	1
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18 19										18 19
20										20
21										21
22										22
23										23
24										24
	TOTALS					\$	\$		\$	25

STATE OF ILLINOIS					r age of
Facility Name & ID Number	Addolorata Villa	# 0045443 Report Period Beginning:	07/01/2000	Ending: 6/30/2001	

	Name of Related Organization
A. Are there any costs included in this report which were derived from allocations of central office	Street Address
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code
	Phone Number ()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V	2	Unit of Allocation	7	Number of	Total Indirect	Amount of Salary			
								F .11.4		
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		 \$	25

STATE OF ILLINOIS			1 age of
Facility Name & ID Number	Addolorata Villa	# 0045443 Report Period Beginning: 07/01/2000	Ending: 6/30/2001

	Name of Related Organization
A. Are there any costs included in this report which were derived from allocations of central office	Street Address
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code
	Phone Number ()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V	2	Unit of Allocation	7	Number of	Total Indirect	Amount of Salary			
								F .11.4		
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		 \$	25

		STATE OF ILLINOIS					rage of	
Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	6/30/2001	
<u> </u>								

	Name of Related Organization
A. Are there any costs included in this report which were derived from allocations of central office	Street Address
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code
	Phone Number ()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V	2	Unit of Allocation	7	Number of	Total Indirect	Amount of Salary			
								F .11.4		
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		 \$	25

		STATE OF ILLINOIS	r age o
Facility Name & ID Number	Addolorata Villa	# 0045443 Report Period Beginning: 07/01/2000 Ending: 6/30/20	

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code	
	Phone Number	()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	
	Schedule V	2	Unit of Allocation	7	Number of	Total Indirect	Amount of Salary			
								F .11.4		
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		 \$	25

SIAII				STATE OF ILLINOIS					r age of
	Facility Name & ID Number	Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	6/30/2001	

	Name of Related Organization
A. Are there any costs included in this report which were derived from allocations of central office	Street Address
or parent organization costs? (See instructions.) YES NO	City / State / Zip Code
	Phone Number ()
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number ()

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1			•		Ö	\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10 11										10 11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

STATE OF ILLINOIS						
Facility Name & ID Number Addolorata Villa	# 0045443	Report Period Beginning:	07/01/2000	Ending: 6/30/2001		
VIII. ALLOCATION OF INDIRECT COSTS		N. AD I				
		Name of Related	d Organization			

B. Show the allocation of costs below.	If necessary, please attach worksheets.

YES

A. Are there any costs included in this report which were derived from allocations of central office

or parent organization costs? (See instructions.)

Name of Related Organization				
Street Address				
City / State / Zip Code				
Phone Number	()		
Fax Number	()	_	

	1	2	3	4	5	6	7	8	9	\Box
	Schedule V	2	Unit of Allocation	7	Number of	Total Indirect	Amount of Salary		,	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
		T.		TD 4 1 TT *4						
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	+
1						\$	\$		\$	1
2										2
3										3 4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		 \$	25

Addolorata Villa

0045443

Report Period Beginning:

07/01/2000 Ending:

Page 9 06/30/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amou Original	int of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related	TES NO		Required	11010	Original	Datanec		(4 Digits)	Expense	
	Long-Term										
1	IFA Series 1996 D Bonds	X	Acquisition of assets	\$45,370	11/27/96	\$ 6,095,000	\$ 5,405,000	5/15/19	5.0-7.0%	\$ 377,275	1
2	IFA Series 1996 E Bonds	X	Acquisition of assets	Variable Debt	11/27/96	5,660,000	5,660,000	5/15/27	Variable	217,518	2
3	IFA Series 1996 F Bonds	X	Acquisition of assets	Variable Debt	11/27/96	6,340,000				203,962	3
4	Long Term Debt Payable				2001		15,090,000			215,188	4
5											5
	Working Capital										
6											6
7											7
8											8
9	TOTAL Facility Related B. Non-Facility Related*			\$45,370		\$ 18,095,000	\$ 26,155,000			\$ 1,013,943	9
10	See Supplemental Schedule									(874,576)	10
	Interest Expense - ILU									37,885	11
12	ILU Interest P. 5A Adjust									(37,885)	12
13											13
14	TOTAL Non-Facility Related					\$	\$			\$ (874,576)	14
15	TOTALS (line 9+line14)					\$ 18,095,000	\$ 26,155,000			\$ 139,367	15

^{*} Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

^{**} If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number

Addolorata Villa

0045443

Report Period Beginning:

07/01/2000 Ending:

06/30/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
											Reporting	
					Monthly				Maturity	Interest	Period	
	Name of Lender	Relate	ed**	Purpose of Loan	Payment	Date of	Amou	int of Note	Date	Rate	Interest	
		YES	NO		Required	Note	Original	Balance		(4 Digits)	Expense	
1	Capitalized Interest Expensed						\$	\$			\$ 17,13	33 1
2	Cap Int Adjusted on P.5A										(17,13	33) 2
3	Interest Income										(343,73	38) 3
4	DVLP-Annuity Interest										7,0	95 4
5	Annuity Interest - Adj on P.5A										(7,0	95) 5
6	Interest Expense Allocated to											6
7	ILU, Reclassified to Line 43											7
8	and adjusted out on P. 5A										(530,3	27) 8
9	Late Fees										(5	11) 9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							\$	\$			\$ (874,5)	<mark>76) 21</mark>

STATE OF ILLINOIS Page 10

Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued) B. Real Estate Taxes

	Inchested the second by the second se	DE Tay!! The real	antata tay atatamant and		
1. Real Estate Tax accrual used on 2000 report.	<i>Important</i> , please see the next worksheet, "bill must accompany the cost report.	RE_Tax . The real	estate tax statement and	\$	1
2. Real Estate Taxes paid during the year: (Indicate the	tax year to which this payment applies. If payment cover	s more than one year, do	etail below.)	s	2
3. Under or (over) accrual (line 2 minus line 1).	J 13 11 1 3	• /	,	s	3
	and explain your calculation of this accrual on the lines	below.)		\$	4
5. Direct costs of an appeal of tax assessments which ha		al operating costs on Sci		\$	5
6. Subtract a refund of real estate taxes. You must offse classified as a real estate tax cost plus one-half of any TOTAL REFUND \$ For 19	remaining refund.	l estate tax appeal	board's decision.)	\$	6
7. Real Estate Tax expense reported on Schedule V, line	e 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year: 1996			FOR OHF USE ONLY		
1997 1998		13	FROM R. E. TAX STATEMENT	FOR 2000 \$	13
1999 2000		14	PLUS APPEAL COST FROM LI	INE 5 \$	14
Not Applicable		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE	CALCULATION \$	16

NOTES:

- 1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
- 2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE								
TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION								
n order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.								
Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.								
Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.								

	2000 LONG TE	RM CARE REAL ESTATE	TAX STATEME	NT
FAC	CILITY NAME Addolorata Villa		COUNTY Co	ok
FAC	CILITY IDPH LICENSE NUMBER	0045443		
CON	NTACT PERSON REGARDING THI	S REPORT		
		FAX#: (
A.	Summary of Real Estate Tax Cost			
	cost that applies to the operation of home property which is vacant, rent	estate tax assessed for 2000 on the lin- the nursing home in Column D. Real e ed to other organizations, or used for p de cost for any period other than calend	estate tax applicable to any ourposes other than long to	portion of the nursing
	(A)	(B)	(C)	(D) Tax
	Tax Index Number	Property Description	<u>Total Tax</u>	Applicable to Nursing Home
1.	N/A		\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8. 9.			\$	\$
9. 10.			\$	\$
10.			\$	\$
		TOTALS	\$	\$
B.	Real Estate Tax Cost Allocations			
		y to more than one nursing home, vaca YESNC		which is not directly
		chedule which shows the calculation of ust be allocated to the nursing home ba		
C.	Tax Bills			
	Attach a copy of the 2000 tax bills vis normally paid during 2001.	which were listed in Section A to this s	tatement. Be sure to use t	he 2000 tax bill which

					STATE C	F ILLINOIS				Page 11
	lity Name & ID Number Addolo				#	0045443	Report P	eriod Beginning:	07/01/2000 Ending:	06/30/2001
X. B	UILDING AND GENERAL INF	ORMATIO	N:							
A.	Square Feet:	66,613	B. General Construction Type:	Exterior	Brick		Frame	Steel	Number of Stories	2
C.	Does the Operating Entity?	X	(a) Own the Facility	(b) Rent from	a Related (Organization.			(c) Rent from Completely Uni Organization.	elated
	(Facilities checking (a) or (b)	nust complet	te Schedule XI. Those checking (c	c) may complete Schedul	le XI or Sch	edule XII-A.	See instru	ctions.)		
D.	Does the Operating Entity?	X	(a) Own the Equipment	(b) Rent equip	pment from	a Related Or	ganization	1.	(c) Rent equipment from Com Unrelated Organization.	pletely
	(Facilities checking (a) or (b)	nust complet	te Schedule XI-C. Those checking	g (c) may complete Scheo	dule XI-C o	r Schedule X	II-B. See ii	nstructions.)	S	
Е.	(such as, but not limited to, ap	eartments, as less, square f ving Units 80,	is operating entity or related to the sisted living facilities, day training footage, and number of beds/units 0.036 square feet, 100 units	g facilities, day care, ind	dependent li					
F.	Does this cost report reflect ar If so, please complete the follo		on or pre-operating costs which a	are being amortized?				YES	X NO	
1	. Total Amount Incurred:				2. Numbe	r of Years Ov	er Which	it is Being Amort	ized:	
3	. Current Period Amortization:				4. Dates I	ncurred:				
		Nat	ure of Costs: (Attach a complete schedule de	tailing the total amount	of organiza	tion and pre-	operating	costs.)		
XI. (OWNERSHIP COSTS:									
			1	2		3		4		
	A. Land.		Use	Square Feet		· Acquired	Φ.	Cost		
		1 2	Healthcare	6.125		1996	\$	644,128		
		3	TOTALS	6			\$	644,128	$\frac{1}{3}$	

0045443

Page 12 **Report Period Beginning:** 07/01/2000 Ending: 06/30/2001

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number Addolorata Villa

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	mig Depreciation-Including Fixed Equi	2	3	4	5	6	7	8	9	T
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Impr	ovement Type**									
9	Land Impro						I				9
10											10
11	asphalt pavi	ing		11/26/1996	44,481	4,448	10	4,448		20,387	11
	concrete par			11/26/1996	17,380	1,448	12	1,448		6,638	12
	chain link fe			11/26/1996	7,054	641	11	641		2,939	13
	light poles a	nd fixtures		11/26/1996	1,589	144	11	144		662	14
	curbing			11/26/1996	2,136	178	12	178		816	15
	landscaping			11/26/1996	15,167	1,264	12	1,264		5,793	16
	lawn area			11/26/1996	31,646	2,637	12	2,637		12,087	17
	courtyard g			11/26/1996	969	65	15	65		290	18
	landscaping			8/1/1997	703	59	12	59		205	19
		d planting near window wells		Oct-97	848	71	12	71		247	20
21	concrete rar	np improvements		Sep-97	1,219	102	12	102		355	21
	asphalt imp			May-98	1,628	163	10	163		570	22
	siding - chap			Dec-97	1,024	68	15	68		239	23
		improvements		Apr-98	-	342	15	342		1,198	24
	fencing			1999	1,028	69	15	69		171	25
		ement - snf addition (asphalt etc)		1/31/2000	3,795	421	10	421		631	26
		o - intermrdiate care		7/6/1999	2,716	272	10	272		407	27
	expand load	ing dock turnaround		10/29/1999	1,078	108	10	108		162	28
29											29
30											30
31											31
											33
33 34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

0045443

07/01/2000 Ending:

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

B. Building Depreciation-Including Fixed Equipment. (See ins	3	4	5	6	7	1 8	9	$\overline{}$
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37 Building - skilled nursing	11/26/1996	\$ 1,145,551	\$ 32,730	35	\$ 32,730	\$	\$ 150,013	37
38 snf - plumbing and sprinklers	11/26/1996	183,717	10,807	17	10,807		49,532	38
39 snf - heating and cooling	11/26/1996	110,690	6,511	17	6,511		29,843	39
40 snf - electrical	11/26/1996	197,161	11,598	17	11,598		53,156	40
41 snf - roof cover	11/26/1996	41,928	3,494	12	3,494		16,014	41
42 snf - floor cover	11/26/1996	67,703	5,642	12	5,642		25,859	42
43 snf - elevator	11/26/1996	32,195	1,894	17	1,894		8,680	43
44 snf - automatic doors	Feb-97	9,246	925	10	925		4,160	44
45 snf - electrical improvements : 1snf east wing	Mar-97	500	50	10	50		217	45
46 snf - carpet	1997	1,099	220	5	220		769	46
47 snf - carpet	1998	2,478	496	5	496		1,735	47
48 snf - paint/varnish doors	May-98	14,500	2,900	5	2,900		10,150	48
49 snf - electrical emergency outlets	Jan-98	692	41	17	41		143	49
50 snf - hvac system glucose treatment	Mar-98	8,692	579	15	579		2,028	50
51 snf -elevator safety edge	Mar-98	1,710	86	20	86		299	51
52 snf - boiler air venting valve (addition)	Mar-98	1,893	126	15	126		442	52
53 snf - pump	Mar-98	1,238	124	10	124		433	53
54 snf - new valves hot water tank	Jun-98	4,329	289	15	289		1,010	54
55 snf - thermostat/fan assembly	Jun-98	1,283	86	15	86		299	55
56 snf - manual isolation valves	May-98	19,110	1,274	15	1,274		4,459	56
57 snf - carpet	1998	-	4,359	5	4,359		10,898	57
58 snf - carpet	1999	2,899	580	5	580		1,450	58
59 snf - window treatments	1999	2,216	443	5	443		1,108	59
60 snf - kitchen freezer and exhaust hood	1999	2,991	598	5	598		1,496	60
61								61
62								62
63								63
64		•						64
65								65
66								66
67								67
68 Related Party Allocations (Page 12-REP & Page 12A-REP)		404,610	(111,783)		(111,783)		(90,185)	68
69 Financial Statement Depreciation								69
70 TOTAL (lines 4 thru 69)		\$ 2,392,892	\$ (13,431)		\$ (13,431)	\$	\$ 337,805	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

	B. Building Depreciation-Including Fixed Equipment. (See ins	3	4	5	6	7	1 8	9	$\overline{}$
	-	Year	•	Current Book	Life	Straight Line	Ů	Accumulated	l l
	Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	l l
1	Totals from Page 12A, Carried Forward		\$ 2,392,892	\$ (13,431)		\$ (13,431)	\$	\$ 337,805	1
2	snf - elevator on emergency power	1999	3,733	373	10	373		933	2
3	snf - locks, dooe closures replacements	1999	2,733	547	5	547		1,367	3
4	snf - permanent lockers	1999	1,516	303	5	303		758	4
5	cable connection	9/1/1999		85	10	85		128	5
6	fire doors	10/21/1999	4,500	450	10	450		675	6
7	fireproofing	6/23/1999	943	94	10	94		141	7
8	plumbing	1/31/2000	108,345	5,417	20	5,417		8,126	8
9	fire protection	1/31/2000	32,500	1,625	20	1,625		2,438	9
10	electrical	1/31/2000	290,248	14,512	20	14,512		21,769	10
11	roofing	1/31/2000	29,500	1,475	20	1,475		2,213	11
12	hvac	1/31/2000	228,061	11,403	20	11,403		17,105	12
13	elevator	1/31/2000	49,172	2,459	20	2,459		3,688	13
14	carpet	1/31/2000	41,965	8,393	5	8,393		12,590	14
15	general construction	1/31/2000	1,717,465	43,682	40	43,682		65,523	15
16	snf window treatments	1/31/2000	18,170	3,634	5	3,634		5,451	16
17	carpet	3/31/2000	24,352	6,859	5	6,859		10,289	17
18	general renovation	3/31/2000	69,754	16,660	10	16,660		24,990	18
19	Doorholders	2001	1,719	86	10	86		86	19
20	Lights	2001	2,019	101	10	101		101	20
21									21
22	general renovation	1999	28,846						22
23	general renovation	1998	64,124						23
24	carpet	1999	9,944						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33						10.			33
34	TOTAL (lines 1 thru 33)		\$ 5,122,501	\$ 104,727		\$ 104,727	\$	\$ 516,176	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See ins	3 Year	4	5 Current Book	6 Life	7 Straight Line	8	9 Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	ŀ
1 Totals from Page 12B, Carried Forward		\$ 5,122,501	\$ 104,727		\$ 104,727	\$	\$ 516,176	1
2 Building - dining facility and support	11/26/1996	310,750	8,879	35	8,879		40,694	2
3 supp - plumbing and sprinkers	11/26/1996	35,578	3 2,093	17	2,093		9,592	3
4 supp - heating and cooling	11/26/1996	29,18'	7 1,717	17	1,717		7,870	4
5 supp - electrical	11/26/1996	66,02	3,884	17	3,884		17,801	5
6 supp - roof cover	11/26/1996	12,81	1,067	12	1,067		4,893	6
7 supp - floor covering with vinyl tile	11/26/1996	23,74		12	1,978		9,068	7
8 supp - elevator	11/26/1996	17,644		17	1,038		4,757	8
9 supp - heating and cooling ductwork kitchen	11/26/1996	1,670		15	112		503	9
supp - electric; dolorosa and gazebo timers	Aug-97	1,60		15	107		374	10
supp - electric: kitchen	Oct-97	488		15	33		114	11
12 supp - carpentry wall protection	Apr-98	6,05		15	611		807	12
supp - electric: kitchen	Apr-98	13,30		15	887		4,436	13
supp - bug zapper: kitchen	Jan-98	480		5	97		340	14
15 general construction, ceiling, electric	11/30/1999	155,900		15	12,082		18,123	15
16 carpet	11/30/1999	24,673		5	6,386		9,578	16
17 window treatments	11/30/1999	3,389		5	678		1,017	17
18 hvac	11/30/1999	11,354	_	15	757		1,135	18
patch panel for campus phone system	9/24/1999	6,580		15	658		987	19
kitchen equipment	10/1/1998	(20)	553	10	553		829	20
21 boiler - replace butterfly valves	12/31/1999	6,20,		5	620		930	21
replace doors - kitchen	1999	1,889		10	378		567	22
23 generator and tv amp wiring	10/12/1999		162	5	162		243	23
24								24
25								25
26				<u> </u>				26
28								27
29		<u> </u>						29
30		<u> </u>						30
31								31
32								32
33				+				33
34 TOTAL (lines 1 thru 33)	1	\$ 5,851,840	5 \$ 149,504		\$ 149,504	\$	\$ 650,834	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

07/01/2000 Ending:

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See inst	3	4	5	6	1 7	1 8	9	\top
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12C, Carried Forward	5	5,851,846	\$ 149,504		\$ 149,504	\$	\$ 650,834	1
2 Building - sheltered care, convent	11/26/1996	1,910,178	54,577	35	54,577		250,142	2
3 orig - adjustment to goodwill valuation	11/26/1996		96	35	96		240	3
4 orig - plumbing and sprinklers	11/26/1996	222,123	13,066	17	13,066		59,886	4
5 orig - heating and cooling	11/26/1996	217,148	12,773	17	12,773		58,545	5
6 orig - electrical	11/26/1996	215,101	12,653	17	12,653		57,993	6
7 orig - roof cover	11/26/1996	48,646	4,054	12	4,054		18,580	7
8 orig - floor cover	11/26/1996	52,791	4,399	12	4,399		20,163	8
9 orig - elevator	11/26/1996	46,367	2,728	17	2,728		12,501	9
orig - parlor lobby remodel: construction	1997	6,974	756	10	756		3,542	10
orig - parlor lobby remodel: construction	1997	114,341	9,586	15	9,586		49,490	11
orig - parlor lobby remodel: construction	1997	4,712	236	20	236		1,103	12
orig - parlor lobby remodel: carpet	1997	15,190	3,038	5	3,038		13,937	13
14 orig - boiler valves	1997	6,673	667	10	667		3,003	14
15 orig - boiler valves	1997	6,918	461	15	461		2,066	15
16 orig - boiler valves	1997	13,058	653	20	653		2,939	16
orig - vandy hall renovation	1997	5,488	549	10	549		2,469	17
18 orig - vandy hall renovation	1997	5,903	394	15	394		1,574	18
orig - vandy hall renovation	1997	1,825	91	25	91		427	19
20 orig - plumbing	1997	2,223	89	5	89		400	20
21 orig - carpet	1997	2,085	417	5	417		1,876	21
orig - sheltered care air conditioning improvement	1997	10,216	1,022	10	1,022		4,597	22
orig - sheltered care electric panel expansion	1997	752	125	15	125		562	23
24 orig - garage frame	11/26/1996	5,779	340	15	340		1,558	24
25 orig - garage electric	1997	373	25	17	25		99	25
orig - chapel renovation: architect	1997	9,613	1,186	15	1,186		4,150	26
orig - chapel renovation: carpentry and carpet	1997	20,220	4,044	5	4,044		14,154	27
28 orig - chapel renovation: carpentry	1997	105,947	7,112	15	7,112		24,893	28
orig - chapel renovation: electric	1997	38,818	2,628	15	2,628		9,199	29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		8,941,307	\$ 287,268		\$ 287,268	\$	\$ 1,270,921	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

1	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12D, Carried Forward		8 ,941,307	\$ 287,268		\$ 287,268	\$	\$ 1,270,921	1
2 orig - chapel revovation: hvac	1997	37,140	2,631	15	2,631		9,208	2
3 orig - chapel revovation: stained windows	1997	41,625	2,775	15	2,775		9,713	3
4 orig - chapel revovation: marble	1997	26,758	1,784	15	1,784		6,243	4
5 orig - chapel revovation: roofing	1997	14,363	1,015	15	1,015		3,551	5
6 orig - chapel revovation: carpet	1997	890	178	5	178		623	6
7 orig - chapel revovation: plumbing	1997	7,139	595	15	595		2,082	7
8 orig - carpet	1998	19,465	4,526	5	4,526		15,842	8
9 orig - hvac glycose treatment	1997	10,771	718	15	718		2,513	9
10 orig - hvac glycose treatment	1998	10,840	723	15	723		2,529	10
orig - computer network cabling	1997	11,826	788	15	788		2,759	11
12 orig - electrical improvements	1998	6,485	432	15	432		1,513	12
orig - mechancial rooftop drain	Aug-97	570	38	15	38		133	13
14 orig - plumbing comosite	Aug-97	547	27	20	27		96	14
15 orig - new ceiling scf 214	Aug-97	983	66	15	66		230	15
16 orig - mckesson single vac with recyler	Nov-97	2,246	225	10	225		786	16
17 orig - main sign	Dec-97	1,924	128	15	128		449	17
18 orig - water conditioner	Dec-97	874	87	10	87		306	18
19 orig - business office laminate counter	Dec-97	988	69	15	69		230	19
20 orig - business office laminate mail boxes	Dec-97	1,431	95	15	95		334	20
21 orig - closet organizers intermrdiate rooms	Jan-98	809	54	15	54		189	21
22 orig - convent dishwasher and plumbing	Jan-98	2,328	466	5	466		1,629	22
23 orig - water system piping	Mar-98	1,503	100	15	100		351	23
24 orig - sheltered care air vents	Mar-98	1,042	69	15	69		243	24
25 orig - chair rail replacement	Apr-98	2,085	139	15	139		486	25
26 orig - signage	Apr-98	1,225	82	15	82		286	26
27 orig - production room mill work	Apr-98		188	15	188		660	27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 9,147,164	\$ 305,266		\$ 305,266	\$	\$ 1,333,905	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

Improvement Type**		B. Building Depreciation-Including Fixed Equipment. (See inst	3	4	5	6	7	1 8	9	$\overline{}$
Improvement Type** Constructed		•	Year	•	Current Book		Straight Line	Ü	Accumulated	
Totals from Page 12E, Carried Forward		Improvement Type**		Cost				Adjustments		
2 orig- production room laminate	1							\$		1
3 orig-chapel renovation: paint convent walls May-98 3,076 615 5 615 5 615 4 orig-carpentry Jun-98 1,437 96 15 96 335 5 orig-carpentry Jun-98 2,566 171 15 171 599 6 orig-concreate work: ramp Jun-98 1,895 95 20 95 332 7 orig-steel access doors Jun-98 972 65 15 65 522 8 orig-carpet 1998 436 87 5 87 218 9 orig-plumbing Jul-98 2,179 436 5 436 1,109 10 orig-concreate ramp Jul-98 1,093 219 5 219 547 11 orig-carpentry main entrance Jul-98 1,093 219 5 219 547 12 orig-totac parts sheltered care Aug-98 1,091 218 5 218 546 13 orig-totac parts sheltered care Aug-98 1,093 219 5 219 547 14 orig-boller room convertors Aug-98 2,155 215 10 215 215 15 orig-cating parts Aug-98 2,155 215 10 215 215 15 orig-cating parts Aug-98 3,001 3,000 3,000 16 orig-fire extinguishers Aug-98 2,155 215 10 215 3,000 17 orig-automatic doors: chapel 5ep-98 5,644 113 5 113 3 200 18 orig-cating parts 5 3,000 3,0	2		Apr-98			15	,	*	560	2
4 orig- carpentry	3		_		615				2,153	3
Social automatic doors: courtyard			•			15			,	4
6 orig- concreate work; ramp	5		Jun-98		171		171		599	5
7 orig-steel access doors Jun-98 972 65 15 65 227 8 orig - carpet 1998 436 87 5 87 218 9 orig - plumbing Jul-98 2,179 436 5 436 1,190 10 orig-concreate ramp Jul-98 1,093 219 5 219 5 219 11 orig-carpentry main entrance Jul-98 1,193 219 5 2,19 5 3,500 12 orig-ptac parts sheltered care Aug-98 1,091 218 5 218 540 13 orig-vent work generator Aug-98 1,093 219 5 219 5 3,500 14 orig-boiler room convertors Aug-98 1,093 219 5 219 5 3,500 15 orig-boiler room convertors Aug-98 2,024 262 10 262 2656 15 orig-chiller parts Aug-98 2,155 215 10 215 539 16 orig-fire extinguishers Aug-98 2,155 215 10 215 539 17 orig-automatic doors: chapel Sep-98 564 113 5 113 232 18 orig-keating system chemicals Nov-98 1,657 331 5 331 829 20 orig-ansum fire suppression system Oct-98 3,188 638 5 538 5 21 orig-duplex pump unit Dec-98 1,528 306 5 306 764 22 orig-boiler room emergency panel Jan-99 3,571 714 5 714 714 714 715 24 orig-automatic doors: chapel Jan-99 3,571 714 5 714 714 715 714 715 715 25 orig-boiler room emergency panel Jan-99 3,571 714 5 714 714 715 714 715 715 25 orig-boiler room hot water valves Jan-99 3,571 714 5 714 715	6		Jun-98			20				6
8 orig - carpet 1998 436 87 5 87 218 9 orig- plumbing Jul-98 2,179 436 5 436 1,090 10 orig- concreate ramp Jul-98 1,093 219 5 219 547 11 orig- carpentry main entrance Jul-98 1,560 5 1,560 3,899 12 orig- place parts sheltered care Aug-98 1,091 218 5 218 546 13 orig- vent work generator Aug-98 1,093 219 5 219 547 14 orig- boiler room convertors Aug-98 2,155 215 10 262 656 15 orig- chiller parts Aug-98 2,155 215 10 262 656 16 orig- fire extinguishers Aug-98 801 160 5 160 401 17 orig- automatic doors: chapel Sep-98 1,924 385 5 385 962 19 orig- heating system chemicals Nov-98 1,657 331 5 331 829 20 orig- identity orig- duplex pump unit Dec-98	7		Jun-98		65	15	65		227	7
9 orig- plumbing	8		1998	436	87	5	87		218	8
10 orig- concreate ramp	9	orig- plumbing	Jul-98	2,179	436	5	436		1,090	9
11 orige carpentry main entrance Jul-98 1,560 5 1,560 3,899 1,001 218 5 218 546 54	10		Jul-98	1,093	219	5	219		547	10
13 orig vent work generator Aug-98 1,093 219 5 219 547 14 orig boiler room convertors Aug-98 2,624 262 10 262 656 15 orig chiller parts Aug-98 2,155 215 10 215 539 16 orig fire extinguishers Aug-98 801 160 5 160 401 17 orig automatic doors; chapel Sep-98 1,924 385 5 385 962 18 orig sewage pump Sep-98 564 113 5 113 282 19 orig heating system chemicals Nov-98 1,657 331 5 331 829 20 orig ansum fire suppression system Oct-98 3,188 638 5 638 1,594 21 orig duplex pump unit Dec-98 1,528 306 5 306 764 22 orig boiler room hot water valves Jan-99 3,571 714 5 714 1,786 23 orig install magnet door system Feb-99 2,746 275 10 275 687 24 orig door annuciatorn system Feb-99 2,746 275 10 275 687 25 Orig install magnet door system Feb-99 2,746 275 10 275 687 26 Orig install magnet door system Feb-99 2,746 275 10 275 687 27 Orig door annuciatorn system Feb-99 2,746 275 10 275 687 28 Orig install magnet door system Feb-99 2,746 275 10 275 687 29 Orig Orig	11				1,560	5	1,560		3,899	11
14 orig-boiler room convertors Aug-98 2,624 262 10 262 656 15 orig-chiller parts Aug-98 2,155 215 10 215 539 16 orig-fire extinguishers Aug-98 801 160 5 160 401 17 orig-automatic doors: chapel Sep-98 1,924 385 5 385 962 18 orig-sewage pump Sep-98 564 113 5 113 282 19 orig-heating system chemicals Nov-98 1,657 331 5 331 829 20 orig-ansum fire suppression system Oct-98 3,188 638 5 638 5 638 1,594 21 orig-duplex pump unit Dec-98 1,528 306 5 306 764 22 orig-boiler room emergency panel Dec-98 1,538 308 5 308 769 23 orig-boiler room hot water valves Jan-99 3,571 714 5 714 1,786 24 orig-automatic doors: chapel Jan-99 4,296 859 5 859 2,148 25 orig-ipc materials nurses station Jan-99 824 165 5 165 412 26 orig-install magnet door system Feb-99 2,746 275 10 275 687 27 orig-door annuciatorn system Feb-99 2,746 275 10 275 687 30 30	12					5	_		546	12
15 orig-chiller parts Aug-98 2,155 215 10 215 539 16 orig-fire extinguishers Aug-98 801 160 5 160 401 17 orig-automatic doors: chapel Sep-98 1,924 385 5 385 962 18 orig-sewage pump Sep-98 564 113 5 113 282 19 orig-heating system chemicals Nov-98 1,657 331 5 331 829 20 orig-ansum fire suppression system Oct-98 3,188 638 5 638 1,594 21 orig-duplex pump unit Dec-98 1,528 306 5 306 764 22 orig-boiler room emergency panel Dec-98 1,538 308 5 308 769 23 orig-boiler room hot water valves Jan-99 3,571 714 5 714 714 24 orig-automatic doors: chapel Jan-99 4,296 859 5 859 2,148 25 orig-ip materials nurses station Jan-99 824 165 5 165 412 26 orig-install magnet door system Feb-99 2,746 275 10 275 687 28	13	orig- vent work generator				5				13
15 orig- chiller parts Aug-98 2,155 215 10 215 539 16 orig- fire extinguishers Aug-98 801 160 5 160 401 17 orig- automatic doors: chapel Sep-98 1,924 385 5 385 962 18 orig- sewage pump Sep-98 564 113 5 113 282 19 orig- heafing system chemicals Nov-98 1,657 331 5 331 829 20 orig- ansum fire suppression system Oct-98 3,188 638 5 638 1,594 21 orig- duplex pump unit Dec-98 1,528 306 5 306 764 22 orig- boiler room hot water valves Jan-99 3,571 714 5 714 1,786 23 orig- ipc materials nurses station Jan-99 824 165 5 165 412 25 orig- ipc materials nurses station Jan-99 824 165 5 165 412 26 orig- install magnet door system Feb-99 2,746 275 10 275 687 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 31		orig- boiler room convertors				-				14
17 orig- automatic doors; chapel Sep-98 1,924 385 5 385 962 18 orig- sewage pump Sep-98 564 113 5 113 282 19 orig- heating system chemicals Nov-98 1,657 331 5 331 829 20 orig- ansum fire suppression system Oct-98 3,188 638 5 5 306 764 21 orig- duplex pump unit Dec-98 1,528 306 5 306 764 22 orig- boiler room emergency panel Dec-98 1,538 308 5 308 769 23 orig- boiler room hot water valves Jan-99 3,571 714 5 714 1,786 24 orig- automatic doors; chapel Jan-99 4,296 859 5 859 2,148 25 orig- ipe materials nurses station Jan-99 824 165 5 165 26 orig- install magnet door system Feb-99 2,746 275 10 275 587 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 28 30 30 30 30 30 30 30 30 31 30 31 30 30 30 30		orig- chiller parts				10				15
18 orig- sewage pump Sep-98 564 113 5 113 282 19 orig- heating system chemicals Nov-98 1,657 331 5 331 829 20 orig- ansum fire suppression system Oct-98 3,188 638 5 638 5 21 orig- duplex pump unit Dec-98 1,528 306 5 306 764 22 orig- boiler room emergency panel Dec-98 1,538 308 5 308 769 23 orig- boiler room hot water valves Jan-99 3,571 714 5 714 1,786 24 orig- automatic doors: chapel Jan-99 4,296 859 5 859 2,148 25 orig- install magnet door system Feb-99 2,746 275 10 222 556 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 587 28 30 30 30 30 30 31 31 31 32 331						_				16
19 orige heating system chemicals Nov-98 1,657 331 5 331 829						_				17
20 orig- ansum fire suppression system Oct-98 3,188 638 5 638 1,594 21 orig- duplex pump unit Dec-98 1,528 306 5 306 764 22 orig- boiler room emergency panel Dec-98 1,538 308 5 308 769 23 orig- boiler room hot water valves Jan-99 3,571 714 5 714 1,786 24 orig- automatic doors: chapel Jan-99 4,296 859 5 859 2,148 25 orig- ipc materials nurses station Jan-99 824 165 5 165 412 26 orig- install magnet door system Feb-99 2,746 275 10 222 556 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 29 30 30 30 30 30 30 30 30 30 30 30 30 30 3	18					_				18
21 orig- duplex pump unit Dec-98 1,528 306 5 306 764	19									19
22 orig- boiler room emergency panel Dec-98 1,538 308 5 308 769 23 orig- boiler room hot water valves Jan-99 3,571 714 5 714 1,786 24 orig- automatic doors: chapel Jan-99 4,296 859 5 859 2,148 25 orig- ipc materials nurses station Jan-99 824 165 5 165 412 26 orig- install magnet door system Feb-99 222 10 222 556 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 28 30										20
23 orig- boiler room hot water valves Jan-99 3,571 714 5 714 1,786									_	21
24 orig- automatic doors: chapel Jan-99 4,296 859 5 859 2,148 25 orig- ipc materials nurses station Jan-99 824 165 5 165 412 26 orig- install magnet door system Feb-99 2,746 275 10 222 556 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 29 30 31 31 31 31 31 32 33 33 34 34 34 35 36 36 36 36 36 36 36 37 37 36 37										22
25 orig- ipc materials nurses station Jan-99 824 165 5 165 412 26 orig- install magnet door system Feb-99 2,746 275 10 275 687 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 29 30 31		orig- boiler room hot water valves								23
26 orig- install magnet door system Feb-99 2,746 275 10 275 587 27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687 28		orig- automatic doors: chapel								24
27 orig- door annuciatorn system Feb-99 2,746 275 10 275 687		orig- ipc materials nurses station		824		_				25
28 29 30 31				2.746		-				26 27
29 30 31		orig- door annuciatorn system	ren-99	2,740	2/5	10	2/3		007	28
30 31										28
31										30
										31
										32
33										33
34 TOTAL (lines 1 thru 33)				s 9.192.815	\$ 314,160		\$ 314,160	S	s 1,357,343	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

07/01/2000 Ending:

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (So	3	4	5	6	7	8	9	$\overline{}$
-	Year	•	Current Book	Life	Straight Line		Accumulated	}
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12F, Carried Forward		\$ 9,192,815	\$ 314,160		\$ 314,160	\$	\$ 1,357,343	1
2 orig - nurses station remodel	Feb-99	1,392	278	5	278		696	2
3 orig - ptac repair scf 210	Jan-99	851	170	5	170		425	3
4 orig - electrical work	Jan-99	3,149	315	10	315		787	4
5 orig - adm asst office remodel	Feb-99	3,631	363	10	363		908	5
6 orig - business office fire door	Feb-99	1,399	280	5	280		700	6
7 orig - window treatments	Feb-99	765	153	5	153		383	7
8 orig - ironer	Mar-99	6,158	1,232	5	1,232		3,079	8
9 orig - boiler room repairs	Mar-99	1,028	206	5	206		514	9
10 orig - rebuilt retractor - boiler	Mar-99	4,835	967	5	967		2,417	10
11 orig - exhaust hood	Mar-99	1,066	213	5	213		533	11
12 orig - siding	Mar-99	1,099	220	5	220		550	12
13 orig - fire door kiln room	Mar-99	673	135	5	135		336	13
orig - install handrail	Mar-99	720	144	5	144		360	14
15 orig - move and repipe circulating pump	Apr-99	729	146	5	146		364	15
16 orig - roof top units repair	May-99	895	709	5	709		1,772	16
install fire door per inspection	10/20/1998	4,319	864	5	864		1,296	17
18 renovate activities room and office	1/1/1999		1,564	5	1,564		2,346	18
replace ceiling scf 233	1999	1.476	354	5	354		531	19
20 replace smoke doors	3/31/2000	4,468	298	15	298		447	20
21 install door	2000	4,319	288	15	288		432	21
22 activities renovation	2000	9,133	609	15	609		913	22
23 water damage 233 scf	2000	1,771	118	15	118		177	23
24 laminate counters	2000	1,458	292	5	292		437	24
25 activity center and garden café	2000	1,837	367	5	367		551	25
26 new doors courtyard and convent	2000	3,316	221	15	221		332	26
27 carpeting	5/31/1999	1,228	1,264	5	1,264		1,896	27
28 carpeting	2000	11 475	1,856	5	1,856		2,784	28
29 carpeting	3/23/2000	11,475	2,295	5	2,295		3,443	29
30 carpeting	4/30/2000	1,889	377	5	377		567	30
31 boiler valve replacement and other	10/27/1999		416	10	416		624	31
32								32
33 TOTAL (1:		0.3((.410	0 220.074		0 220.074	0	0 1 207 042	33
34 TOTAL (lines 1 thru 33)		\$ 9,266,418	\$ 330,874		\$ 330,874	\$	\$ 1,387,943	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

07/01/2000 Ending:

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

	B. Building Depreciation-Including Fixed Equipment. (See inst	3	4	5	6	7	8	9	$\overline{1}$
	_	Year	-	Current Book	Life	Straight Line		Accumulated	
	Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 9,266,418	\$ 330,874		\$ 330,874	\$	\$ 1,387,943	1
2	sprinkler room revoation	3/22/2000	3,466	347	10	347		520	2
3	replace plastic pipe with steel	Oct-99	2,476	180	10	180		270	3
4	activities kitchen electric work	1999	905	60	10	60		91	4
5	gutter decing equipment	Oct-99	2,140	428	5	428		642	5
6	gas vent kitchen - activities	Oct-99	1,496	100	5	100		150	6
7	heating cooling pump	Oct-99	1,977	198	5	198		593	7
8									8
9									9
10	fye 6/30/01 additions								10
11	carpeting	Jul-00	788	79	5	79		79	11
12	carpeting	Jul-00	1,452	145	5	145		145	12
13	annunciator system	Jul-00	1,203	60	10	60		60	13
14	chapel tempered glass	Jul-00	1,749	175	5	175		175	14
15	chexit door system	Aug-00	7,974	399	10	399		399	15
16	grand master key system	Aug-00	1,049	52	10	52		52	16
17	roof top	Aug-00	988	99	5	99		99	17
18	fire alarm system	Aug-00	1,768	177	5	177		177	18
19	repair work on fire doors	Aug-00	1,172	117	5	117		117	19
20	snu fixed wet walls	Aug-00	2,903	290	5	290		290	20
21	convent furniture seats	Aug-00	5,963	199	15	199		199	21
22	repair ptac units	Aug-00	2,950	295	5	295		295	22
23	carpeting copy room	Sep-00	558	56	5	56		56	23
24	carpeting	Sep-00	1,095	110	5	110		110	24
25	carpeting ilu 317	Sep-00	1,002	100	5	100		100	25
26	showers	Sep-00	1,873	47	20	47		47	26
27	main chiller compressor	Sep-00	10,878	363	15	363		363	27
28	repair steam boiler	Sep-00	956 975	24	20	24		24	28
29	sign	Sep-00 Oct-00	875 918	44	10	44		44	29
30	carpeting ilu 202			92	5	92		92	30
31	carpeting ilu 101	Oct-00	918	92	5	92		92	31
32	carpeting ilu 323	Oct-00	963	96	5	96		96	32
33	carpeting attic stock	Oct-00	656	66	5	66	0	66	33
34	TOTAL (lines 1 thru 33)		\$ 9,329,529	\$ 335,364		\$ 335,364	\$	\$ 1,393,386	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

	B. Building Depreciation-Including Fixed Equipment. (See ins	3	4	5	6	7	8	9	\neg
		Year		Current Book	Life	Straight Line		Accumulated	
	Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	ľ
1	Totals from Page 12H, Carried Forward		\$ 9,329,529	\$ 335,364		\$ 335,364	\$	\$ 1,393,386	1
2	carpeting attic stock	Oct-00	1,968	197	5	197		197	2
3	replace ceiling 555 basement	Oct-00	627	26	12	26		26	3
4	new cabinets copy room	Oct-00	1,932	48	20	48		48	4
5	repairs-dry wall & cabinets	Oct-00	5,203	520	5	520		520	5
6	project 1&2-UCCI	Oct-00	7,653	255	15	255		255	6
7	paint 3 sheltered tubs	Oct-00	623	62	5	62		62	7
8	chimney work	Oct-00	9,407	314	15	314		314	8
9	reclass k. reiger to orig bldg svcs	Oct-00	6,416	160	20	160		160	9
10	carpeting sheltered care 225	Nov-00	994	99	5	99		99	10
11	roof drain repair & work	Nov-00	459	15	15	15		15	11
12	roof repair on 557 dining svcs	Nov-00	620	21	15	21		21	12
13	installation of outlets & lights in skilled office	Nov-00	1,263	63	10	63		63	13
14	misc equipment installation & labor	Nov-00	660	22	15	22		22	14
15	new satellite system	Nov-00	826	41	10	41		41	15
16	additional outlets for dining room	Nov-00	1,963	98	10	98		98	16
17	replace kitchen ac compressor	Nov-00	1,004	33	15	33		33	17
18	replace boiler valves	Nov-00	1,448	36	20	36		36	18
19	replace ajax boiler	Nov-00	10,569	264	20	264		264	19
20	replace 2 electric reheat coils	Nov-00	2,178	54	20	54		54	20
21	carpeting cleaning	Dec-00	1,092	109	5	109		109	21
22	installed automatic air vent and reconfigured piping	Dec-00	2,472	62	20	62		62	22
23	winterize rooftop chillers	Dec-00	926	31	15	31		31	23
24	misc repairs	Dec-00	747	75	5	75		75	24
25	boiler repairs	Dec-00	3,816	382	5	382		382	25
26	furnish and install lights	Dec-00	2,185	73	15	73		73	26
27	fan coil covers 2nd purchase	Dec-00	3,285	82	20	82		82	27
28	stall shower	Mar-01	934	23	20	23		23	28
29	install sink & piping-convent sheltered	Mar-01	3,412	85	20	85		85	29
30	skilled door holders installation	Mar-01	443	22	10	22		22	30
31	installation of front door lights & cheryl's office floor chase	Mar-01	398	13	15	13		13	31
32	business office em circuits	Mar-01	717	18	20	18		18	32
33	carpeting scu 215	Apr-01	723	72	5	72		72	33
34	TOTAL (lines 1 thru 33)		\$ 9,406,492	\$ 338,739		\$ 338,739	\$	\$ 1,396,761	34

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Addolorata Villa

0045443

Report Period Beginning:

06/30/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	ing Depreciation Including Linea Equip	2	3	4	5	6	7	8	9	
		FOR OHF USE ONLY	Year	Year		Current Book	Life	Straight Line		Accumulated	
L.,	Beds*		Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	4
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
		ovement Type**									
		2 ton condensing unit		Apr-01	867	29	15	29		29	9
		aaon rtu problems		Apr-01	3,982	133	15	133		133	10
	asbestos aba			Apr-01	1,276	128	5	128		128	11
	porcelain re			Apr-01	918	92	5	92		92	12
	audio/video	modulator		Apr-01	547	27	10	27		27	13
	paint			Apr-01 May-01	1,678	168	5	168		168	14
15	rooftop repa	op repairs			784	26	15	26		26	15
	ac hookup	okup			738	25	15	25		25	16
		ftop low voltage			1,303	43	15	43		43	17
	sheltered re			May-01	1,990	66	15	66		66	18
		n shower conversion		May-01	2,750	69	20	69		69	19
20	install new J	p.lam. cabinets, counter top and plumbir	ıg	May-01	5,200	130	20	130		130	20
21	replace defe	ective condenser		May-01	2,921	97	15	97		97	21
22	repair autor	mation system		May-01	1,061	27	20	27		27	22
23	furnish and	install dampers		May-01	1,768	59	15	59		59	23
24	motor blow	er		May-01	496	50	5	50		50	24
25	paint			May-01	421	42	5	42		42	25
26	paint			May-01	724	72	5	72		72	26
	paint			Jun-01	1,041	104	5	104		104	27
	paint		·	Jun-01	708	71	5	71		71	28
	ucci			Jun-01 Jun-01	5,948	149	20	149		149	29
		roject cip 2001 transfer			409,115	10,228	20	10,228		10,228	30
		eciation to trial balance				(123,617)		(123,617)		(102,019)	31
	Allocated to	Outpatient Therapy Per 6/30/00 Cap R	eport	2000	(41,623)						32
33											33
34											34
35											35
36											36

^{*}Total beds on this schedule must agree with page 2.

See Page 12A-REP, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Page 12A-REP 06/30/2001

Facility Name & ID Number Addolorata Villa XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See insti	3		5	6	7	8	9	$\overline{}$
	Year	•	Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
37		\$	© Depreciation		S	S	\$	37
38		Ψ	Ф		J.	Φ	\$	38
39								
								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69		A 10.1.64.0	o (111 503)		o (111 503)	Φ.	(00.40 =)	69
70 TOTAL (lines 4 thru 69)		\$ 404,610	\$ (111,783)		\$ (111,783)	\$	\$ (90,185)	70

^{**}Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	ĺ	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 1,022,952	\$ 139,550	\$ 139,550	\$		\$ 412,243	71
72	Current Year Purchases	75,741	5,743	5,743			5,743	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,098,693	\$ 145,293	\$ 145,293	\$		\$ 417,986	75

D. Vehicle Depreciation (See instructions.)*

	1	Model, Make	Year	4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76	Allocation to SNF	Illinois BUS	2001	\$ 11,548	\$ 1,443	\$ 1,443	\$		\$ 1,443	76
77										77
78										78
79										79
80	TOTALS			\$ 11,548	\$ 1,443	\$ 1,443	\$		\$ 1,443	80

E. Summary of Care-Related Assets

		Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,160,861	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 485,475	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 485,475	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,816,190	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1		2		Current Book		Accumulated	
	Description & Year Acquired		Cost	Depr	reciation 3	D	epreciation 4	
86	Non-Healthcare Assets	\$	8,381,336	\$	569,905	\$	1,669,288	86
87	6/30/00 Capital Report Adjustments		212,966					87
88	Outpatient Therapy		41,263					88
89								89
90								90
91	TOTALS	\$	8,635,565	\$	569,905	\$	1,669,288	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

2

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

This must agree with Schedule V line 30, column 8.

Page 14

XII. RENTAL COSTS A. Building and Fixed Equipment (See instructions.)			
1. Name of Party Holding Lease: N/A 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. YES	NO		
1 2 3 4 5 Year Number Date of Rental Total Years Constructed of Beds Lease Amount of Lease	6 Total Years Renewal Optio	on*	
Original 3 Building: \$ 4 Additions		3 Begin Endir	ective dates of current rental agreement: nning ng
5 6 7 TOTAL S			t to be paid in future years under the current al agreement:
8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease 9. Option to Buy: YES NO Terms: *			Year Ending Annual Rent
B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.) 15. Is Movable equipment rental included in building rental? 16. Rental Amount for movable equipment: YES	NO	reakdown of movable equ	uipment)
C. Vehicle Rental (See instructions.)			
1 2 3 4 Model Year Monthly Lease Rental Expense Use and Make Payment for this Period		* If	there is an option to buy the building,
17	17 18 19	ple	ease provide complete details on attached hedule.
20	20	** <u>Th</u>	nis amount plus any amortization of lease
21 TOTAL \$	21	<u>ex</u>	pense must agree with page 4, line 34.

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Page 15 0045443 06/30/2001 **Facility Name & ID Number** Addolorata Villa **Report Period Beginning:** 07/01/2000 Ending:

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

B. EXPENSES	ALLOCATION OF COSTS (d)		C. CONTRACTUAL INCOME In the box below record the amount of income your facility received training aides from other facilities
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	IN OTHER FACILITY COMMUNITY COLLEGE HOURS PER AIDE		IN OTHER FACILITY HOURS PER AIDE
A. TYPE OF TRAINING PROGRAM (If aides are trained) 1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	YES 2. CLASSROOM PORTION: X NO IN-HOUSE PROGRAM	_	3. <u>CLINICAL PORTION:</u> IN-HOUSE PROGRAM

			Fac	<u>-</u> cility		<u> </u>
			Drop-outs	Completed	Contract	Total
1	Community College Tuition		\$ _	\$	\$	\$
	Books and Supplies					
	Classroom Wages	(a)				
	Clinical Wages	(b)				
5	In-House Trainer Wages	(c)				
6	Transportation					
	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS		\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2	(e)	\$		_	

r		
D		

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Addolorata Villa STATE OF ILLINOIS Page 16
0045443 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

2 5 Schedule V **Outside Practitioner Supplies** Staff Line & Column (Actual or) **Total Units** Service Units of Cost **Total Cost** (other than consultant) Reference Allocated) (Column 2 + 4)(Col. 3 + 5 + 6)Service Units Cost **Licensed Occupational Therapist** 39 - 03 hrs 172 172 **Licensed Speech and Language Development Therapist** 39 - 03 1,795 1,795 hrs **Licensed Recreational Therapist** hrs **Licensed Physical Therapist** 39 - 01 100,720 1,666 8,628 hrs 111,014 Physician Care visits **Dental Care 39 - 03** visits 2,204 2,204 Work Related Program hrs Habilitation hrs 8 # of Pharmacy 39 - 02 432,263 432,263 prescrpts Psychological Services (Evaluation and Diagnosis/ **Behavior Modification)** 10 hrs **Academic Education** hrs **Exceptional Care Program** 12 13 Other (specify): 33,425 71,520 104,945 13 TOTAL 100,720 39,262 512,411 652,393

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Addolorata Villa STATE OF ILLINOIS Page 16 - SUPP 6045443 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

SUPPLEMENTAL SCHEDULE OF MEDICAL SUPPLIES

Special Services - Supplies (Column 6 - Other)	Amount
13A Nurs-oxygen supplies	15,289
13B Nurs-medical supplies	8,679
13C Nurs-other chargeable	47,552
13D	
13E	
13F	
13G	
13H	
13I	
13J	
	71,520
Outside Therapies (Column 5 - Other)	Amount
Outside Therapies (Column 5 - Other)	Amount
Outside Therapies (Column 5 - Other) 13K Nurs-X-ray	Amount 33,425
13K Nurs-X-ray	
13K Nurs-X-ray 13L	
13K Nurs-X-ray 13L 13M	
13K Nurs-X-ray 13L 13M 13N	
13K Nurs-X-ray 13L 13M 13N 13O	
13K Nurs-X-ray 13L 13M 13N 13O 13P	
13K Nurs-X-ray 13L 13M 13N 13O 13P 13Q	
13K Nurs-X-ray 13L 13M 13N 13O 13P 13Q 13R	
13K Nurs-X-ray 13L 13M 13N 13O 13P 13Q 13R 13S	

Facility Name & ID Number Addolorata Villa

0045443 06/30/2001

As of

Report Period Beginning: (last day of reporting year)

07/01/2000 **Ending:** 06/30/2001

XV. BALANCE SHEET - Unrestricted Operating Fund.

This report must be completed even if financial statements are attached.

	This report must be completed even	11 111	ianciai stateme	2 After	1
		_	Operating	Consolidation*	
	A. Current Assets		perating	Consolitation	
1	Cash on Hand and in Banks	\$	937,963	\$	1
2	Cash-Patient Deposits	Ť	2,117		2
	Accounts & Short-Term Notes Receivable-		<u> </u>		
3	Patients (less allowance)		2,161,459		3
4	Supply Inventory (priced at)	1	61,500		4
5	Short-Term Investments		111,399		5
6	Prepaid Insurance		93,361		6
7	Other Prepaid Expenses		36,699		7
8	Accounts Receivable (owners or related parties)				8
9	Other(specify): See supplemental schedule		471,030		9
	TOTAL Current Assets				
10	(sum of lines 1 thru 9)	\$	3,875,528	\$	10
	B. Long-Term Assets				
11	Long-Term Notes Receivable				11
12	Long-Term Investments		1,895,448		12
13	Land		1,850,000		13
14	Buildings, at Historical Cost		15,951,281		14
15	Leasehold Improvements, at Historical Cost		402,097		15
16	Equipment, at Historical Cost		1,524,257		16
17	Accumulated Depreciation (book methods)		(3,514,413)		17
18	Deferred Charges				18
19	Organization & Pre-Operating Costs				19
	Accumulated Amortization -				
20	Organization & Pre-Operating Costs				20
21	Restricted Funds		11,796,352		21
22	Other Long-Term Assets (specify):				22
23	Other(specify): See supplemental schedule		2,237,608		23
	TOTAL Long-Term Assets				
24	(sum of lines 11 thru 23)	\$	32,142,630	\$	24
	TOTAL ASSETS				
25	(sum of lines 10 and 24)	\$	36,018,158	\$	25

		1	Operating	2 After Consolidation*	
	C. Current Liabilities				
26	Accounts Payable	\$	1,597,157	\$	26
27	Officer's Accounts Payable				27
28	Accounts Payable-Patient Deposits		705,055		28
29	Short-Term Notes Payable				29
30	Accrued Salaries Payable		349,146		30
	Accrued Taxes Payable				
31	(excluding real estate taxes)				31
32	Accrued Real Estate Taxes(Sch.IX-B)				32
33	Accrued Interest Payable		122,406		33
34	Deferred Compensation				34
35	Federal and State Income Taxes				35
	Other Current Liabilities(specify):				
36	See supplemental schedule		2,990,715		36
37			, ,		37
	TOTAL Current Liabilities				
38	(sum of lines 26 thru 37)	\$	5,764,479	\$	38
	D. Long-Term Liabilities				
39	Long-Term Notes Payable		15,090,000		39
40	Mortgage Payable				40
41	Bonds Payable		11,065,000		41
42	Deferred Compensation				42
	Other Long-Term Liabilities(specify)				
43	See supplemental schedule		175,000		43
44					44
	TOTAL Long-Term Liabilities				
45	(sum of lines 39 thru 44)	\$	26,330,000	\$	45
	TOTAL LIABILITIES				1
46	(sum of lines 38 and 45)	\$	32,094,479	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$	3,923,679	\$	47
	TOTAL LIABILITIES AND EQUIT				1
48	(sum of lines 46 and 47)	\$	36,018,158	\$	48

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STATE OF ILLINOIS					Page 17 SUPP-1
#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001

Facility Name & ID Number | Addolorata Villa **Supplemental Schedule of Other Assets and Liabilities** As of 06/30/2001

	Other Current Assets:	Amount	Amount	Other Current Liabilities	Amount	Amount
09A	IDFA:LOC/MKT fees	9,216		36A Endownment fund-Board	289,000	
09B	Current-trustee funds	175,000		36B Board designated funds	1,750,000	
09C	Other current assets	8,711		36C Advance billing-NH	551,261	
09D	Misc. receivables	12,545		36D Advance billing-ILU	226,844	
09E	Employee loans	3,772		36E Due from HCI	7,492	
09F	Gift certificate liability	1,232		36F Amounts due IDPA	5,145	
09G	Unrealized Gain on Investment	260,554		36G Due to FSCSC	160,973	
		471,030			2,990,715	
	Other Non-Current Assets:	Amount	Amount	Other Non-Current Liabilities	Amount	Amount
23A	CIP-ALU	1,392,332		43A Current trustee held	175,000	
23B	Deferred finance:1996	296,819		43B	,	
23C	2001 L.O.C. fee up front	137,700		43C		
	CVS-supplemental life	96,338		43D		
23E	2001 underwriters discount	85,505		43E		
23F	Series D orig discount	130,228		43F		
23G	Foundation Net Profit	98,686		43G		
		2,237,608			175,000	

Report Period Beginning: 07/01/2000

<u> </u>	MINGES IN EQUILI			
			1	
			Total	
1	Balance at Beginning of Year, as Previously Reported	\$	4,744,718	1
2	Restatements (describe):			2
3	Unrestricted Assets Foundation		54,089	3
4	Plant Contrib - Foundations		40,483	4
5	Restricted Operations Contribution		15,545	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	4,854,835	6
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)		(931,156)	7
8	Aquisitions of Pooled Companies			8
9	Proceeds from Sale of Stock			9
10	Stock Options Exercised			10
11	Contributions and Grants			11
12	Expenditures for Specific Purposes			12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment			14
15	Other (describe)			15
16	Other (describe)			16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	(931,156)	17
	B. Transfers (Itemize):			
18				18
19				19
20				20
21				21
22				22
23	TOTAL Transfers (sum of lines 18-22)	\$		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$	3,923,679	24

^{*} This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1

	Revenue	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Amount	
	A. Inpatient Care			
1	Gross Revenue All Levels of Care	\$	9,929,982	1
2	Discounts and Allowances for all Levels		(1,085,773)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$	8,844,209	3
	B. Ancillary Revenue			
4	Day Care			4
5	Other Care for Outpatients			5
6	Therapy		278,693	6
7	Oxygen			7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	278,693	8
	C. Other Operating Revenue			
9	Payments for Education			9
10	Other Government Grants			10
11	Nurses Aide Training Reimbursements			11
12	Gift and Coffee Shop		41,932	12
13	Barber and Beauty Care		2,175	13
14	Non-Patient Meals		6,539	14
15	Telephone, Television and Radio		23,797	15
16	Rental of Facility Space		174,171	16
17	Sale of Drugs		388,700	17
18	Sale of Supplies to Non-Patients			18
19	Laboratory		836	19
20	Radiology and X-Ray		22,721	20
21	Other Medical Services		164,596	21
22	Laundry			22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	825,467	23
	D. Non-Operating Revenue			
24	Contributions		66,583	24
25	Interest and Other Investment Income***		343,738	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	410,321	26
	E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)			27
28	See supplemental schedule		716,797	28
28a			•	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	716,797	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$	11,075,487	30

			2	
	Expenses		Amount	
	A. Operating Expenses			
31	General Services		1,726,321	31
32	Health Care		3,103,885	32
33	General Administration		2,079,141	33
	B. Capital Expense			
34	Ownership		1,225,501	34
	C. Ancillary Expense			
35	Special Cost Centers		3,812,995	35
36	Provider Participation Fee		58,800	36
	D. Other Expenses (specify):			
37				37
38				38
39				39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$	12,006,643	40
=	1011L Litt Litold (sum of fines of thru o)	Ψ	12,000,045	1 10
41	Income before Income Taxes (line 30 minus line 40)**		(931,156)	41
42	Income Taxes			42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$	(931,156)	43

- * This must agree with page 4, line 45, column 4.
- ** Does this agree with taxable income (loss) per Federal Income

 Tax Return? Yes If not, please attach a reconciliation.
- *** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

^{****}Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLI	NOIS
# 0045	443

Page 19 - SUPP Ending: 06/30/2001 Facility Name & ID Number Addolorata Villa **Report Period Beginning:** 07/01/2000

Supplemental Schedule of Revenues 06/30/2001

	Description	Amount
28A	Other-misc revenue	9,951
28B	IDFA Trust income	83,119
28C	Employee health ins	6,969
28D	FND-corp support fee	96,000
28E	Sisters store revenue	85,864
28F	ILU-special ser revenue	18,690
28G	HR-physicals	192
28H	MSSN-day of reflection	141
28I	Din service-function	21,015
28J	KTCH-vending revenue	18
28K	SS-Misc-Private pay	11,869
28L	SS-Misc-Medicaid	15,453
28M	SS-Misc-Medicare	7,765
28N	Unrealized Gain on Investment	260,554
28O	Foundation Net Profit	98,686
28P	Late Fees	511
28Q		
28R		
28S		
28T		

Total 716,797 Facility Name & ID Number Addolorata Villa # 0045443 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

1 2**

1 2** 3 4

		l	2**	3	4	
		# of Hrs.	# of Hrs.	Reporting Period	Average	
		Actually	Paid and	Total Salaries,	Hourly	
		Worked	Accrued	Wages	Wage	
1	Director of Nursing	1,856	2,153	\$ 71,446	\$ 33.18	1
2	Assistant Director of Nursing					2
3	Registered Nurses	22,331	26,585	668,613	25.15	3
4	Licensed Practical Nurses	12,370	14,726	266,847	18.12	4
5	Nurse Aides & Orderlies	85,530	101,822	1,178,076	11.57	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	2,616	3,035	100,720	33.19	7
8	Rehab/Therapy Aides	5,770	6,694	99,249	14.83	8
9	Activity Director	1,948	2,260	38,431	17.00	9
10	Activity Assistants	10,226	11,862	112,690	9.50	10
11	Social Service Workers	7,689	8,919	138,476	15.53	11
	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	32,954	38,227	426,095	11.15	15
	Dishwashers					16
17	Maintenance Workers	12,355	14,332	258,834	18.06	17
	Housekeepers	21,245	24,644	241,133	9.78	18
	Laundry	3,837	4,451	40,367	9.07	19
20	Administrator					20
21	Assistant Administrator	1,221	1,416	35,608	25.15	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,079	18,652	351,333	18.84	24
25	Vocational Instruction					25
26	Academic Instruction					26
	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
	Medical Records	4,985	5,783	80,707	13.96	31
	Other Health Care(specify)					32
	Other(specify)	41,342	47,957	775,440	16.17	33
34	TOTAL (lines 1 - 33)	284,354	333,518	\$ 4,884,065 *	\$ 14.64	34

^{*} This total must agree with page 4, column 1, line 45.

B. CONSULTANT SERVICES

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant	81	\$ 6,076	01-03	35
36	Medical Director	75	9,313	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	273	15,284	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	210	10,908	11-03	44
45	Social Service Consultant	302	16,010	12-03	45
46	Other(specify)				46
47	Priest Stipends		5,140	12-03	47
48	Pastoral Consultant	_	390	12-03	48
46	TOTAL 01 02 40	0.11			40
49	TOTAL (lines 35 - 48)	941	\$ 63,121		49

C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses	4,758	\$ 223,638	10-03	50
51	Licensed Practical Nurses	35	1,273	10-03	51
52	Nurse Aides	2,825	50,849	10-03	52
53	TOTAL (lines 50 - 52)	7,618	\$ 275,760		53

^{**} See instructions.

	STATE OF ILLINOIS			Page 20 - SUPP		
Facility Name & ID Number Addolorata Villa	# 0045443	Report Period Beginning: 07/01/2000	Ending:	06/30/2001		

SUPPLEMENTAL SCHEDULE OF STAFFING AND SALARY COSTS

B. CONSULTANT SERVICES

	-	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages		Average Hourly Wage	
33A	Marketing Wages	2,553	2,962	\$ 102,164	\$	34.49	
33B	Development Wages	4,141	4,804	95,503		19.88	
33C	SSTR-manager wages	2,050	2,378	22,548		9.48	
33D	Independent Living Unit	31,877	36,977	545,902		14.76	
33E	Garden Café	721	836	9,323		11.15	
33F							
33G							
33H							
33I							
	- -	41,342	47,957	\$ 775,440	\$	16.17	

	STATE OF ILLINOIS
#	0045443

						ATE OF ILLINOIS						rage .	
	Addolorata Villa				#_00	045443	Repo	rt Period Beg	inning: 0	7/01/2000	Ending	g:	06/30/2001
XIX. SUPPORT SCHEDULES					IDE I B 04	ID UT			len e	61 ' " '	D		
A. Administrative Salaries		wnership		A 4	D. Employee Benefits and Payroll Taxes			A 1		, Subscriptions and	Promotic	ons	A 4
Name	Function	%	Φ	Amount	Description		Φ.	Amount	Description		•	Amount	
Patricia Ferguson	Asst. Admin.	0%	\$ _	35,608	Workers' Compensation		_ \$_	25,857	IDPH License			\$_	10.200
			_		Unemployment Compens	sation Insurance		315		Employee Recruitm		_	10,389
Administrator's salary paid by related org	ganization		_		FICA Taxes			341,511	Health Care	Worker Backgroun		、 _	(2)
			_		Employee Health Insuran	nce		221,865		checks performed	62	,	620
			_		Employee Meals	(E. L(D(DE))			Dues and Sub			_	19,882
			_		Illinois Municipal Retire	ment Fund (IMRF)*			Alliance Expe			_	32,400
	 -		_		Employee Events			879	License and F				10,490
TOTAL (agree to Schedule V, line	,		•	2= <00	Employee Awards			16,899	Public Relation				488
(List each licensed administrator s	separately.)		<u> </u>	35,608	Life Insurance			8,656	FSCSC Adjus	tment			(9,689
B. Administrative - Other					Pension Expense			108,000				_	
										Relations Expense			(488
Description		Amount							lowable advertising				
			\$ _						Yellow	page advertising		_	
			_		TOTAL (agree to Sched	ulo V	•	723,982	Т.	OTAL (agree to Sa	h W	•	64,098
			line 22, col.8)			123,762	723,982 TOTAL (agree to Sch. line 20, col. 8)			5	04,070		
TOTAL (agree to Schedule V, line	17 apl 3)		_		E. Schedule of Non-Cash	Componentian Paid			C Schodulo	of Travel and Semin			
, 9			Φ=			-			G. Schedule	or reaver and Semin	iai		
(Attach a copy of any managemen C. Professional Services	i service agreement)				to Owners or Employe	ees				Description			Amount
Vendor/Payee	Туре			Amount	Description	Line#		Amount	"	esci ipuon			Amount
Management/Other Prof Fees	FSCSC		S	219,584	Description	Line#	•	Amvunt	Out-of-State	Travel		•	
Achieve	Computer		Φ_	4,000			_		Out-or-state	114161		Ψ	
Ernst & Young	Accounting		_	750								_	
FR&R	Accounting/Consult	inσ	_	15,508					In-State Trav	rel		_	
Progressive Network Solutions	Network	mg	_	1,000					In-State ITav	CI			
Roger Knudsen	Financial Consultan	<u> </u>	_	31,601								_	
Sunny Chang	Med Billing		_	1,388								_	
Systematic Management	Med Billing		_	16,169					Seminar Exp	ence		_	1,32
Ceridian	Data Processing		_	10,470					Seminal Exp	CHSC		_	1,32
Legal	See Attached Sched	ulo	_	36,948									
Misc. Consulting Fees	Adjusted out on P. 5		_	4,602				_					
Professional Fees Allocated to	ILU on Line 43		_	(56,612)				_	Entertainmer	ot Evnonge			
TOTAL (agree to Schedule V, line			_	(50,012)	TOTAL		•		Entertainmen	(agree to Sch. V	7		
(If total legal fees exceed \$2500 att			\$	285,408	IUIAL		D =		TOTAL	line 24, col. 8)	,	•	1,321
11 total legal lees exceed \$2500 att	tach copy of invoices.)		Þ	205,408					IUIAL	nne 24, coi. 8)		<u> </u>	1,32

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^{*} Attach copy of IMRF notifications

^{**}See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

Facility Name & ID Number Addolorata Villa

(See instructions.) 1 2 3 5 6 7 8 10 11 12 13 4 Month & Year **Amount of Expense Amortized Per Year Improvement Improvement** Useful **Total Cost Was Made** FY1998 FY1999 FY2000 FY2001 FY2002 FY2003 FY2004 FY2005 FY2006 Type Life 1 N/A \$ \$ 3 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 **TOTALS**

	•	STATE (OF ILLINOIS				Page 23
Facility	y Name & ID Number Addolorata Villa	#	0045443	Report Period Beginning:	07/01/2000	Ending:	06/30/2001
XX. G	ENERAL INFORMATION:						
(1)	Are nursing employees (RN,LPN,NA) represented by a union? No			applies and services which are of the Public Aid, in addition to the daily in			
(2)	Are there any dues to nursing home associations included on the cost report? Yes If YES, give association name and amount. Life Services Network \$50		,	etion of Schedule V? Yes	_		
(3)	Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report?	, ,	the patient census li is a portion of the b	uilding used for any function other sted on page 2, Section B? Yes-IL uilding used for rental, a pharmacy splains how all related costs were a	U Bldg, day care, etc.)	For example If YES, attac	2,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity?		Indicate the cost of on Schedule V. related costs?		assified to emplo meal income be the amount. \$		
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period? Yes 10 Years		Travel and Transpo	rtation acluded for out-of-state travel?	No	,	
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 39,273 Line 10		If YES, attach a c	complete explanation. parate contract with the Departmer	at to provide med		
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.		program during to c. What percent of a	his reporting period. \$ all travel expense relates to transport ge logs been maintained? Yes			
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.		e. Are all vehicles s times when not in	tored at the nursing home during th			
(9)	Are you presently operating under a sublease agreement? YES X NC)	out of the cost rep		٠		No
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility IDPH license number of this related party and the date the present owners took over.	<i>Ι</i> ,	Indicate the an transportation	nount of income earned from p during this reporting period.	oroviding such \$	1	_
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 58,800 This amount is to be recorded on line 42 of Schedule V.		Firm Name: Err	erformed by an independent certifinst and Young hat a copy of this audit be included No If no, please explain.		The instruct port. Has th	ions for the
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes-ILU If YES, attach an explanation of the allocation.		out of Schedule V?	h do not relate to the provision of le	_	-	
		(19)	performed been atta	e in excess of \$2500, have legal invached to this cost report? Yes a summary of services for all arch		Ĭ	vices